

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **378**

Primary Registration District No. **6285**

Registrar's No. **63**

63-046854

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1 1140

2 1140

3

4 0

5 1

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8 0

9 1550

10

11

12 90-2

13 2-0

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Norwood Route #2		c. CITY OR TOWN Norwood	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) Route #2	
3. NAME OF DECEASED (Type or print) First Elmer Middle David Last REYNOLDS		4. DATE OF DEATH Month Nov Day 18 Year 1963	
5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-9-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RANCHER		10b. KIND OF BUSINESS OR INDUSTRY Cattle	
11a. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William D. Reynolds		13b. MOTHER'S MAIDEN NAME Elizabeth Renoe	
14. NAME OF HUSBAND OR WIFE Evelyn Anna Reynolds - Norwood, Mo			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [Redacted]	
17. INFORMANT Evelyn Anna Reynolds		Address Norwood, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Transition & Debilitation DUE TO (b) CARCINOMATOSIS DUE TO (c) Primary CARCINOMA of Liver		INTERVAL BETWEEN ONSET AND DEATH 1 month 3 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from August 23, 1963 to Nov 18, 1963 and last saw him alive on Nov 18-1963 Death occurred at 10:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Richard L. Mitigew DO		22b. ADDRESS Mtn. Grove, Mo	
22c. DATE SIGNED 11/20/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-20-63	23c. NAME OF CEMETERY OR CREMATORY Thomas Cemetery	
23d. LOCATION (City, town, or county) Norwood, Mo.			
24. FUNERAL DIRECTOR CRAIG-HURTT FUNERAL Home		25. DATE RECD. BY LOCAL REG. 11-20-1963	
ADDRESS Mtn Grove, Mo		REGISTRAR'S SIGNATURE Bernard P. Silverman	

(Licensed Embalmer's Statement on Reverse Side)

DEC 4 1963

DEC 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Levell E. Carney

Licensed Embalmer No. 4766

P. O. Address 17th Grove,

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.